



TRANSMITTAL FORM

Application Number	10/068,299
Filing Date	February 6, 2002
First Named Inventor	Wood et al.
Group Art Unit	1651
Examiner Name	Barnhart, Lora Elizabeth
Attorney Docket No.	AVT-001
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Check Attached
<input checked="" type="checkbox"/> Copy of Fee Transmittal Form

<input type="checkbox"/> Amendment/Response
<input type="checkbox"/> Preliminary
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]

<input checked="" type="checkbox"/> Petition for Extension of Time – 3 months

<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> Copies of IDS Citations

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Sequence Listing submission
<input type="checkbox"/> Paper Copy/CD
<input type="checkbox"/> Computer Readable Copy
<input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Transmittal of Replacement Drawing(s)

<input type="checkbox"/> Replacement Drawing(s)

<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal

<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)

<input type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application

<input type="checkbox"/> Small Entity Statement

<input type="checkbox"/> CD(s) for large table or computer program

<input type="checkbox"/> Amendment After Allowance | <input type="checkbox"/> Request for Certificate of Correction

<input type="checkbox"/> Certificate of Correction

<input checked="" type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences

<input type="checkbox"/> Appeal Brief

<input type="checkbox"/> Status Inquiry

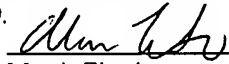
<input checked="" type="checkbox"/> Return Receipt Postcard

<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8

<input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|--|---|--|

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 20th day of March, 2009.

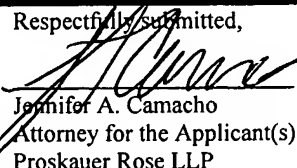

Margie Ejercito

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600
Tel. No.: (617) 526-9600
Fax No.: (617) 526-9899

SIGNATURE BLOCK

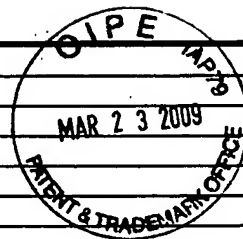
Date: March 20, 2009
Reg. No.: 43,526
Tel. No.: (617) 526-9841
Fax No.: (617) 526-9899

Respectfully submitted,

Jennifer A. Camacho
Attorney for the Applicant(s)
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600

FEE TRANSMITTAL FY 2009

Complete if Known

Application No.	10/068,299
Docket No.	AVT-001
Filing Date	February 6, 2002
First Named Inventor	Wood et al.
Group No.	1651
Examiner Name	Barnhart, Lora Elizabeth
Confirmation No.	8540



METHOD OF PAYMENT

☒ Payment Enclosed:
☐ Check ☐ Money Order ☒ Other

☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081.

☒ Required Fees (copy of this sheet enclosed).

☒ Additional fee required under 37 CFR 1.16 and 1.17.

☒ Overpayment Credit.

☒ Applicant claims small entity status. (deduct 50%)

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing	Search	Examination	Fee Paid
Utility	330	540	220	
Design	220	100	140	
Plant	220	330	170	
Reissue	330	540	650	
Provisional	220	0	0	

Small Entity Discount

1. TOTAL

2. EXCESS CLAIM FEES

	Fee	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.	52	26
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	220	110

Total Claims	Extra Claims	Fee Paid (\$)
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- 20 or HP= _____ x \$ _____ =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee Paid (\$)
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- 3 or HP= _____ x \$ _____ =

HP = highest number of total claims paid for, if greater than 3

Multiple Dependent Claims	Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)
	390	195	

2. TOTAL:

3. APPLICATION SIZE FEE

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$270 (\$135 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Round up to a whole number	Additional 50 or fraction thereof	Fee Paid (\$)
x .75 =	0	-100 = 0 /50 =	= 0.00

3. TOTAL:

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 Fax No.: (617) 526-9899

FEE CALCULATION (continued)

4. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
n/a	82	Basic Utility Electronic Filing Fee (Small Entity Only)	
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte re-examination	
130	65	Extension for reply within 1 st mo.	
490	245	Extension for reply within 2 nd mo.	
1,110	555	Extension for reply within 3 rd mo.	555
1,730	865	Extension for reply within 4 th mo.	
2,350	1,175	Extension for reply within 5 th mo.	
540	270	Notice of Appeal	270
540	270	Filing a brief in support of an appeal	
1,080	540	Request for oral hearing	
400	0	Petitions to the Director	
180	180	Submission of IDS	
810	405	Filing a submission after final rejection (37 CFR 1.129(a))	
810	405	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
140	70	Submission of Terminal Disclaimer	

Other fee (Specify) _____

Other fee (Specify) _____

4. TOTAL: 825

TOTAL AMOUNT SUBMITTED

(\$ 825.00)

SIGNATURE BLOCK

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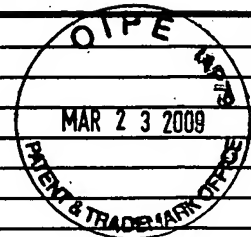
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- 3 or HP= x \$ =

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140	70	Submission of Terminal Disclaimer	
Other fee (Specify)			
Other fee (Specify)			
4. TOTAL:			825

TOTAL AMOUNT SUBMITTED

(\$ 825.00)

SIGNATURE BLOCK

Respectfully submitted,

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